# ORIGINAL

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OMB Number:	3235-0076

Ausugt 31, 2008 Expires:

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PROCESSE DURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

UNITED STATES

THOMSON REUTERSOTICE OF SALE OF SECURITIES JRSUANT TO REGULATION D,

SEC USE ONLY						
Prefix			Serial			
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		SECTION	JN 4(0), AND/	UK	U D	ATE RECEIVED
Clae: ingior	UNIFO	ORM LIMITE	D OFFERING	G EXEMPTIO	ON	
Name of Offering (☑ check if Q-BLK Emerging Markets Op					tunities Fund, Ll	LC)
Filing Under (Check box(es) that	nt apply):	☐ Rule 504	□ Rule 505	☑ Rule 506	☐ Section 4(	6) 🗆 ULOE
Type of Filing:	New Filing	☑ Amendment				
		A. BASIC II	ENTIFICATION	ON DATA		
1. Enter the information reques	ted about the issu	er				
Name of Issuer (☑ check if this Q-BLK Emerging Markets Op					tunities Fund, Ll	LC)
Address of Executive Offices 601 Union St. 56th Floor Se	•		City, State, Zip Co		one Number (Includ ) 613-6700	ling Area Code)
Address of Principal Business C (if different from Executive Off		umber and Street,	City, State, Zip Co	ode) Teleph	one Number	(ii 119472))
Brief Description of Business Private Investment Fund			•			
Type of Business Organization ☐ corporation ☐ business trust		d partnership, alread d partnership, to b			er (please spoon). d Liability Compa	08059223 any
Actual or Estimated Date of Inc Jurisdiction of Incorporation or	orporation or Org	anization: M (Enter two-letter	onth Year 7 0 6  T.U.S. Postal Service FN for other foreign			DE

### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

• Lacit general and managing	partiter of partiters	inp issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑	General and/or Managing Partner
Full Name (Last name first, if ind BlackRock Alternative Advisor	,	C (managing member o	of Issuer)			
Business or Residence Address 601 Union Street, 56 <sup>th</sup> Floor,		treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	, 1				
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	е)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	;				
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	е)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)	·	-	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
	(Use blank shee	t, or copy and use addition	nal copies of this sheet, as	necessary.)		

				. B. IN	FORMA?	TION AB	OUT OF	FERING				
				<del></del>	.1	,i.;					Yes	No
1. Has	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Ø		
2. What is the minimum investment that will be accepted from any individual?									\$ 5,000,000* *unless waived			
3. Doe	es the offerin	g permit joj	nt ownershi	o of a single	: unit?						Yes ☑	No □
4. Ent con a postat	ter the information or services to be I tes, list the taker or dealer	mation requesimilar remusisted is an as	ested for ea neration for ssociated pe broker or o	ach person solicitation rson or age lealer. If me	who has be n of purchas nt of a brok ore than five	een or will ers in conno er or dealer e (5) persor	be paid or ection with s registered value to be liste	given, dire sales of secu with the SE	ectly or ind irities in the C and/or wi	irectly, any offering. If the a state or		
Full Na	ıme (Last naı	me first, if in	dividual)									· · · · · · · · · · · · · · · · · · ·
Not Ap	plicable.					ı						
Busine	ss or Resider	ice Address	(Numbe	er and Stree	t, City, State	e, Zip Code	)					
Name o	of Associated	l Broker or I	Dealer									
States i	n Which Per	son Listed F	las Solicited	or Intends	to Solicit Pu	ırchasers						
(Che	eck "All State	es" or check	individual S	States)			***************************************		••••••	***************************************	🗖	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	ime (Last nai	me first, if in	dividual)							`1	<del> • •</del>	
Busine	ss or Resider	ice Address	(Numbe	er and Stree	t, City, State	e, Zip Code	)					
Name o	of Associated	l Broker or I	Dealer									
States i	n Which Per	son Listed F	las Solicited	or Intends	to Solicit Pu	irchasers		<del></del>	-			
(Che	ck "All State	s" or check	individual S	States)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	ime (Last nai	me first, if in	idividual)									
Busine	ss or Resider	ice Address	(Numbe	er and Stree	t, City, State	e, Zip Code	)	·				
Name o	of Associated	Broker or I	Dealer				·					
Ctotas :	- 11/h; D	oon I feet d Ti	Ing Callate	l as Inter-2-	ta Calisia D					<u> </u>		
	n Which Per										_	
(Che	ck "All State	es" or check	individual S	States)						••••••	🗅	All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO ] [LA] [NM]	[CT] [ME] [NY]	(DE) [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

[TN] [TX] [UT] [VT] [VA] [WA] [WV]
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Tupo of Security		Aggregate Offering Price		nount Already Sold
	Debt	\$	0	\$	0
	Equity			\$	
	□ Common □ Preferred	-		1	
	Convertible Securities (including warrants)	•	0	\$	0
	Partnership Interests			\$ <u></u>	
	Other (Specify) LLC Interests				
				\$ \$	33,708,746
	Total	⊅_	Ontimiced	<b>.</b>	33,700,740
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	**		Number Investors		Aggregate ollar Amount of Purchases
	Accredited Investors	_	21	\$	33,658,703
	Non-accredited Investors		11	\$	50,043
	Total (for filings under Rule 504 only)	_	N/A	\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering		Type of Security	D	ollar Amount Sold
	Rule 505		N/A	\$_	0
	Regulation A		N/A	\$	0
	Rule 504		N/A	\$	0
	Total	_	N/A	\$_	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		☑	<u> </u>	75,000
	Accounting Fees.		☑	<u> </u>	25,000
	Engineering Fees		_	<u> </u>	0
	Sales Commissions (specify finders' fees separately)			s	0
	Other Expenses (identify) Administrative/Custodial Fees /Director's Fees			<u> </u>	0
			_	\$ \$	100,000
	Total		☑	~	

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USE O	F PROCE	EDS	
b. Enter the difference between the aggregate of Question 1 and total expenses furnished in re difference is the "adjusted gross proceeds to the control of				\$	Unlimited
5. Indicate below the amount of the adjusted gross proc for each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of gross proceeds to the issuer set forth in response to Pa	purpose is not known, furnish an estimate and of the payments listed must equal the adjusted				
		Officer	ments to s, Directors affiliates		yments To Others
Salaries and Fees		□ \$	0	<b>□ \$</b> _	0
Purchase of real estate		□ \$	0_	□ \$_	0
Purchase, rental or leasing and installation of machin	ery and equipment	□ \$	0	□ <b>\$</b> _	0
Construction or leasing of plant buildings and faciliti	es	□ \$	0	□ \$_	0
Acquisition of other businesses (including the value be used in exchange for the assets or securities of and			0_	□ \$_	0
Repayment of indebtedness		□ \$	0_	□ \$_	0
Working capital		□ \$	0	□ \$_	0_
Other (specify) Investment in securities		□ <b>\$</b>	0	፟ \$	Unlimited
Column Totals		□ \$	0_	⊠\$	Unlimited
Total Payments Listed (column totals added)			⊠\$	<u>Unlimit</u>	ed
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredited	sh to the U.S. Securities and Exchange Commiss investor pursuant to paragraph (b)(2) of Rule 50	ion, upon	written requ	505, the flest of its	following s staff, the
Issuer (Print or Type)	Signature		Date	ombor !	9, 2008
Q-BLK Emerging Markets Opportunities Fund, LLC	I And Brush		Зерг	ember	7, 2000
Name of Signer (Print or Type) BlackRock Alternative Advisors (GenPar), LLC, in its capacity as managing member By: BlackRock Financial Management, Inc., its managing member	Managing Member of Issuer	<del>)</del>			
Name of Signer (Print or Type) Marie M. Bender	Title of Signer (Print or Type)  Managing Director of BlackRock Financia	l Manage	ement, inc	•	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

